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| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>Chief of Criminal Appeals Illinois Attorney General's Office 100 West Randolph - 12th Floor Chicago, IL 60601</p> <p><i>08CV2960</i></p> | | <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery MAY 27 2008</p> | |
| <p>2. Article Number (Transfer from service label) 7006 0100 0001 7312 5601</p> | | <p>D. Is delivery restricted to item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>PS Form 3811, February 2004</p> | | <p>Office Of The Attorney General Office Services</p> | |
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| <p>102595-02-00-1040</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

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